

STUDENTS

School-Related Student Day Trip and Overnight Trip Request Forms

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL TWO (2) WEEKS PRIOR TO THE TRIP IF BOARD APPROVAL IS REQUIRED, THE BOARD MUST RECEIVE THE FORM AT LEAST TWO(2) WEEKS IN ADVANCE OF TRIP.

INFORMATION

- 1. Sponsor's Name Amanda Ashton Club or Dep. Dance
- 2. Name of all chaperones Ashton, Ashton,
- 3. Where will the group be going? Frankfort, KY Western Hills HS
- 4. Purpose of the trip. State Comp.
- 5. When is it to be held? Date 2/21/26 Departure Time 2/20/26
Estimated Travel Time _____
- 6. City Frankfort State KY Estimated Distance (Round Trip) _____
- 7. Place of overnight lodging (name, address & phone #) Drury Inn & Suites Louisville East
9501 Blairwood Rd, Louisville, KY 40222 502-326-4170
- 8. Identify students by name (Use attached sheet if necessary) _____
listed on bottom
- 9. Cost to students 0 Cost to school organization 0 Cost to Board \$3,000
- 10. Describe the relevance of the trip: educational, cultural, etc./educational activities _____
State comp
- 11. Other activities planned meals
- 12. How will this trip benefit your students? competition
- 13. Type of transportation used district van
- 14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?
Yes _____ No X If NO, indicate why: closer to time

Amanda Ashton 1/9/26 Amanda Ashton 1/12/26
 Sponsor's Signature Date Principals Signature Date

Trip has been ___ approved ___ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date _____ Board Approval Date _____